



0000006993

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**Arizona Corporation Commission**  
**Docket Control**  
**1200 W. Washington**  
**Phoenix, AZ 85007**

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**Arizona Reporting Service, Inc.**  
**2627 N. Third Street, Suite Three**  
**Phoenix, Arizona 85004-1103**

**RECEIVED**

2004 MAR -1 A 11 17

**AZ CORP COMMISSION  
DOCUMENT CONTROL**



7100 4442 0100 0000 0205

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)

**Jamie Barrett**

Signature (Addressee or Agent)

*[Handwritten Signature]*

Enter delivery address if different than item 1.

PS Form 3811 **W-03898A-04-0089**

**DOMESTIC RETURN RECEIPT**